	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 39C0001245			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/20/2023	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, 4140 OREGO EPHRATA, P	N PIKE	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	ANTIC GASTROINTESTINAL CENTER 2 4140 OREGO EPHRATA, P		S 0000				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001245		B. WING:		04/20/2023	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, 4140 OREGON EPHRATA, PA	N PIKE	IIP CODE:		
(X4) ID PREFIX TAG	TIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160				S 0160			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001245			PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 04/20/2023	EY
MID-ATLANTIC GASTROINTESTINAL CENTER 2 414		STREET ADDRESS 4140 OREGO EPHRATA, P	N PIKE	IP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 2 551.101 Correction of Defice 551.101 Policy If an ASF notifies the a plan of correction and cordeficiencies, the Department ascertain completion of the Upon finding full or substates 551.82 (b)(relating to a registence of the Department will issue a This REGULATION is not	Department that it has corrected its nt will conduct a survey to plan of correction. In the compliance, as definated as the compliance, as definated as the compliance, as definated as the compliance.	to	S 0160	Correction of Deficiency - P 551.101 S 0160 Systematic Changes and Susthe Plan The Center Administrator (C scheduled a call with the cor Facilities Management & Construction to review the H issues. It was noted that duricall, the temperature and hur was not necessarily an HVA but more related top staff non-compliance with the Pla Correction (PoC) response. The CA reviewed the temperand humidity logs that had be completed since the PoC was submitted in March 2023. The noted the surveyor findings a called a meeting with the sta 5/3/2023. The meeting includiscussion of the PoC resport that were submitted from the previous visit compared to the revisit on 4/20/2023, where the temperature and humidity we identified the temperature and humidity we identified the temperature and humidity as not documented.	staining CA) reporate HVAC ing the midity C issue an of rature seen is he CA and off on ided a inses e he the ere ind	Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023

State Form M9QN12 IF CONTINUATION SHEET Page 3 of 20

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001245		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/20/2023	EY
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTEST SE NUMBER: 21591501	INAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 3			S 0160	checked as per policy or per established temperature and humidity parameters. The CA reviewed the policy 'Temperature & Humidity' ar logs used to monitor the tem; and humidity that list the ran currently used in procedure r pre-op, PACU, and storage locations. The CA stressed the importance of the requirement checking the temperature and humidity daily in all clinical locations. The CA reinforced actions for staff to take in the the temperature or the humidification out of range during the recordings. The CA confirmed by review temperature and humidity log parameters and the instruction actions to take if the readings out of range were stated on the for staff to reference. The act temperature and humidity at of the reading will be docum staff and coincide with the raper policy. If the temperature or humidity	nd the perature ges rooms, ne nt of d I the e event lity were e daily v of the gs that on on s were he logs, tual the time eented by anges	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001245		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/20/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, 4140 OREGON EPHRATA, PA	N PIKE	IP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0160	Continued from page 4			S 0160	within range, the staff only in to document as such. If the rewere out of the established rathe staff was instructed to take new reading as a follow up a after the adjustment was made second reading of the temper humidity is a method to confithe adjustment was successfunsuccessful the CA would in the HVAC vendor in the resonant management of the temper and humidity logs in clinical daily for 2 weeks to confirm temperature and humidity are monitored, actions are being out of established ranges, and documentation is complete. Will initial the log each day for week period, confirming the completing the log and that we the temperature and humidity parameters were out of rangementations were taken and documentation in the CA will the Director of Operations (Example 1) in the CA will the Director of Operations (Example 2) immediately upon discovery.	eadings ange, see a ction, de. This rature or firm that al or if nvolve blution. rature areas, the e being taken if d The CA for the 2 staff is when y e, mented. ralidate l notify DOO)	

State Form M9QN12 IF CONTINUATION SHEET Page 5 of 20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		39C0001245				04/20/2023	
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTII SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 5			S 0160	Our target for compliance we consistency of daily monitor documentation of temperature humidity in the pre-op, PAC storage locations is 100%. If not achieve 100% compliance audits will continue for subsequence will be given on 5/10 Once compliance goal is met audits will be incorporated in monthly infection control roor Documents will be kept on smade available will where the readily accessible by administration to state, feder accreditation agencies. Responsible Party & Reportion The CA is responsible for compliance with the content PoC. Compliance with this plan is to and reviewed by the Quality Assessment and Performance Improvement (QAPI) and Mexecutive Committee (MEC Committees. Minutes from the	ring and re and PU, an	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED: A. BLDG:00 B. WING: 04/20/2023		ΞY	
MID-ATLA	VIDER OR SUPPLIER: ANTIC GASTROINTESTIN E NUMBER: 21591501	39C0001245 NAL CENTER 2	STREET ADDRESS, 4140 OREGO EPHRATA, P.	CITY, STATE, Z N PIKE		ON EVEN	
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 6			S 0160	QAPI/MEC Committee will validation that the groups we informed, and the systematic changes addressed here were recommended to the GB for at the next scheduled meeting	ere : : : approval	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _		(X3) DATE SURVEY COMPLETED:	
		39C0001245		B. WING: _		04/20/2023	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IIP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 7			S 0160			
	Based on an unannoun completed on April 20 facility's Plan of Corredocuments, and staff in Mid-Atlantic Gastroint follow their POC that who by the Department with 13, 2023. Findings include: The facility POC stated (CA) will audit the terrinstituted in Procedure the storage rooms daily temperature and humid documentation is compounded. On April 20, 2023, rev "Temperature and Hum Room/Procedure Room revealed "Policy: The pand humidity is documentation is documentation."	d, "The Center Adm perature and humid Rooms, pre-op, PAV for 2 weeks to condity are being monitolete."	he ermined ed to ccepted of March inistrator ity logs CU, and firm the ored and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001245		A. BLDG:00_ B. WING:			
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 0160	Procedure: The Decome documents the procedure humidity on the log shot the procedure room rand. The humidity ranges be either the temperature of ranges, the center direct HVAC service." On April 20, 2023, rev. Temperature and Hum. 1. Procedure room 2 humidity policy of 30% of noted to be 20% no documented for follow-up of was noted to be 26% nowere entered for follow 2023, it was noted to be comments were entered. April 10, 2023, it was not documented comments or resolve. Temperature	ire room temperature eet daily. The temperature end of the facility and the control of the facility idity logs revealed, amidity level was been March 30, 2023, cumented comments or resolve; March 31 to documented commented commented of the commented for follow-up or resolve; April e 25% no documented for follow-up or remoted to be 29% no so were entered for follows	low it was were , 2023, it nents il 3, ed solve;	S 0160			
	of resorve. Temperatur	C 10 (C) Was Ociow 1a	Cinty				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001245				04/20/2023	
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTII E NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 0160	Continued from page 9	nued from page 9		S 0160			
	policy of 68 degrees or noted to be 64 degrees comments were entered. 2. Procedure room 3 has facility policy of 30% of noted to be 24% no doe entered for follow-up of was noted to be 23% no were entered for follow-level was below facility. March 23, 2023, it was documented comments or resolve; March 29, 2 degrees no documented follow-up or resolve; Morch 29, 2 degrees no documented follow-up or resolve; March 29, 2 degrees no documented follow-up or resolve; March 29, 2 degrees no documented follow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 20, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on March 30, 2 16% no documented cofollow-up or resolve; March 30% on	and no documented of for follow-up or result in the comments of resolve; April 10, to documented comments of the comments of t	esolve. elow , it was s were 2023, it nents nperature es on rees no llow-up be 61 ttered for as noted s were ty policy be ed for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 04/20/2023	
MID-ATL	OVIDER OR SUPPLIER: ANTIC GASTROINTESTI SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO EPHRATA, P.	N PIKE	ZIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0160	be 21% no documenter follow-up or resolve; A to be 24% no document for follow-up or resolve. During interview on A confirmed the humidity of range with no document resolve in all dates not the Cross Reference to 28 System.	April 10, 2023, it wanted comments were re. pril 20, 2023, EMP1 y and temperatures were rentation of followed.	s noted entered vere out up or	S 0160			
S 6747				S 6747			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/20/2023	EY
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, 4140 OREGO EPHRATA, P	N PIKE	IIP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 11 567.43 Ventilation System The ventilation system shal in accordance with the writt ensure that a properly condiminimum filtration, humidi is provided in critical areas recovery suites under Chapter 571 (relating to cor) This REGULATION is not	ten maintenance schedul tioned air supply meetir ty and temperature requi such as the surgical and astruction standards).	e to ng irements	S 6747	Ventilation System 567.43 S Systematic Changes and Sust the Plan The CA scheduled a call wit corporate Facilities Manager Construction to review the Hissues. It was noted that duricall, the temperature and hur was not necessarily an HVA but more related top staff no compliance with the PoC result of the CA reviewed the temperature and humidity logs that had be completed since the PoC was submitted in March 2023. The noted the surveyor findings a called a meeting with the staff 5/3/2023. The meeting includiscussion of the PoC resport that were submitted from the previous visit compared to the revisit on 4/20/2023, where the temperature and humidity with identified the temperature and humidity with the staff of the temperature and humidity as not documented checked as per policy or per established temperature and	taining th the ment & IVAC ng the midity C issue nosponse. The CA and fif on ded a mases the case of the ere and or	Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023

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		<u> </u>	STREET ADDRESS,	A. BLDG: _ B. WING: _ CITY, STATE, Z	PLE CONSTRUCTION: 00 CIP CODE:	(X3) DATE SURVE COMPLETED: 04/20/2023	EY
	ANTIC GASTROINTESTI SE NUMBER: 21591501	NAL CENTER 2	4140 OREGO EPHRATA, P.				
(X4) ID PREFIX TAG	MUST BE PRECEED:	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 12			S 6747	humidity parameters. The CA reviewed the policy 'Temperature & Humidity' at logs used to monitor the tem and humidity that list the ran currently used in procedure a pre-op, PACU, and storage locations. The CA stressed the importance of the requirement checking the temperature and humidity daily in all clinical locations. The CA reinforced the action staff to take in the event the temperature or the humidity found out of range during the recordings. The CA confirmed by review temperature and humidity loparameters and the instruction actions to take if the reading out of range were stated on the for staff to reference. The act temperature and humidity at of the reading will be documentated that the reading will be documentated and coincide with the reading policy.	nd the perature ages rooms, he nt of d ns for were e daily v of the gs that on on s were he logs, tual the time hented by	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001245		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 04/20/2023	ΣΥ
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTI SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEED.	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 6747	Continued from page 13			S 6747	If the temperature or humidit within range, the staff only not odocument as such. If the rewere out of the established rathe staff was instructed to take new reading as a follow up an after the adjustment was made second reading of the temper humidity is a method to confuse adjustment was successful the CA would in the HVAC vendor in the resolution of the adjustment was successful the CA will audit the temperature and humidity logs in clinical daily for 2 weeks to confirm temperature and humidity are monitored, actions are being out of established ranges, and documentation is complete. Will initial the log each day for week period, confirming the completing the log and that we the temperature and humidity parameters were out of range actions were taken and documentation were taken and documentation is compliance, the CA will the DOO immediately upon	needed readings ange, ke a action, de. This rature or firm that ful or if involve olution. rature l areas, the re being taken if d The CA for the 2 staff is when y e, mented.	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΣΥ
		39C0001245				04/20/2023	
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTII SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	XIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 14			S 6747	discovery. Our target for compliance wit consistency of daily monitor documentation of temperature humidity in the pre-op, PAC storage locations is 100%. If not achieve 100% compliance audits will continue for subsequence periods until compliance. Audits will begin on 5/10 Once compliance goal is met audits will be incorporated in monthly infection control room to be preadily accessible by administration to state, feder accreditation agencies. Responsible Party & Reportion The CA is responsible for compliance with the content PoC. Compliance with this plan is to and reviewed by the QAP MEC Committees. Minutes a QAPI/MEC Committee will validation that the groups were	ing and re and U, and We do be, the equent ance is 15/2023. t, the into the unds. ite and any will ral, and ing of this reported I and from the serve as a	

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Pennsylvania Department of Health

NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501 (X4) ID PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG LICENSE-PREFIX TAG CORRECTIVE ACTION SHOULD BE IDENTIFYING INFORMATION) B. WING: 04/20/2023 STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522 FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 6747 Continued from page 15 S 6747	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501 (X4) ID PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			39C0001245		B. WING:		04/20/2023	
PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION) PREFIX TAG CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE	MID-ATLANTIC GASTROINTESTINAL CENTER 2			4140 OREGO	N PIKE	IIP CODE:		
S 6747 Continued from page 15 S 6747	PREFIX	MUST BE PRECEEDE			CORRECTIVE ACTION SHO	OULD BE	COMPLETE	
informed, and the systematic changes addressed here were recommended to the GB for approval at the next scheduled meeting.	S 6747	Continued from page 15			S 6747	changes addressed here were recommended to the GB for	e approval	

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	OF DEFICIENCIES AND RRECTION (POC)	CLIA ::	LIA (X2) MULTIPLE CONSTRUCTION: A. BLDG:00			(X3) DATE SURVEY COMPLETED:		
		39C0001245			<u>00</u>	04/20/2023		
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTI SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, PA	N PIKE	IP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE		
S 6747	Continued from page 16			S 6747				
	Based on review of facinterview (EMP), the facinterview facintervie	riew of facility policy. riew of facility policy midity Operating m" effective March 2 procedure room tennented on a daily bastamination room per are room temperature eet daily The temperature between 30% and 60° or humidity fall outsetor notifies the contaction of the facility riew of the facility	y 2023 perature sis. rsonnel es and rature of 73°, %, if side these					

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001245			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/20/2023	EY
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, 4140 OREGO EPHRATA, P	N PIKE	IP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6747	1. Procedure room 2 he facility policy of 30% noted to be 20% no do entered for follow-up of was noted to be 26% noted to be 26% noted to be 2023, it was noted to be comments were entered. April 10, 2023, it was documented comments or resolve. Temperature policy of 68 degrees of noted to be 64 degrees were entered for follow. 2. Procedure room 3 he facility policy of 30% noted to be 24% no do entered for follow-up of was noted to be 23% note	on March 30, 2023, cumented comments or resolve; March 31 o documented commev-up or resolve; Aprile 25% no document d for follow-up or renoted to be 29% no swere entered for force level was below fan March 29, 2023, it no documented comv-up or resolve. umidity level was be on March 31, 20213 cumented comments or resolve; April 10, o documented comments or resolve. Ten	it was s were , 2023, it nents il 3, ed esolve; llow-up neility was nments elow , it was s were 2023, it nents mperature	S 6747			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 39C0001245				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/20/2023	EY	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, 4140 OREGO EPHRATA, P.	N PIKE	IIP CODE:	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6747	March 23, 2023, it was documented comments or resolve; March 29, 2 degrees no documented follow-up or resolve; March 29, 2 to be 67 degrees no doentered for follow-up or 3. Room 4 humidity le of 30% on March 30, 2 16% no documented or follow-up or resolve; A be 21% no documented follow-up or resolve; A to be 24% no documented for follow-up or resolve; A to be 24% no document for follow-up or resolve; A confirmed the humidity of range with no documented for follow-up or resolve in all dates not	s were entered for for 2023, it was noted to decomments were en March 31, 2023, it was cumented comments for resolve. Vel was below facility 2023, it was noted to comments were entered April 7, 2023, it was decomments were entered april 10, 2023, it was noted comments were entered april 20, 2023, it was noted comments were entered april 20, 2023, it was noted comments were entered.	llow-up be 61 stered for as noted s were ty policy be ed for noted to stered for s noted entered	S 6747			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 39C0001245			A. BLDG: _ B. WING: _	PLE CONSTRUCTION: 00 UB CODE:	(X3) DATE SURVE COMPLETED: 04/20/2023	ΣΥ	
MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		4140 OREGON EPHRATA, PA	N PIKE	ir Code.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 19 Continuing deficiency	April 20, 2023		S 6747			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001245			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/20/2023		
	VIDER OR SUPPLIER: ANTIC GASTROINTESTIN	NAL CENTER 2	STREET ADDRESS, 0 4140 OREGON EPHRATA, PA	PIKE	IIP CODE:		
STATE LICENSE NUMBER: 21591501							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0101				Q 0101			
LADODATORVI	NIDECTAD'S AD DDAVINED/SUDDI I	ER REPRESENTATIVE'S SIGN.	ATTIRE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/SUPPL		I ` ′		00	(X3) DATE SURVEY COMPLETED: 04/20/2023		
		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0101	Continued from page 1 416.44(a)(1) PHYSICAL The ASC must provide a fenvironment for the provise Each operating room must that the types of surgery comanner that protects the list safety of all individuals in This REQUIREMENT is a second or surgery companies.	functional and sanitary sion of surgical services. the designed and equippe onducted can be performed ves and assures the physical the area.	ed in a	Q 0101	Physical Environment - 416. Q 0101 Systematic Changes and Susthe Plan The CA scheduled a call wit corporate Facilities Manager Construction to review the Fissues. It was noted that duricall, the temperature and hur was not necessarily an HVA but more related top staff no compliance with the PoC res The CA reviewed the tempe and humidity logs that had be completed since the PoC was submitted in March 2023. The noted the surveyor findings called a meeting with the staff 5/3/2023. The meeting includiscussion of the PoC responsative were submitted from the previous visit compared to the revisit on 4/20/2023, where temperature and humidity widentified the temperature are humidity as not documented checked as per policy or per	staining th the ment & HVAC ing the midity C issue on- sponse. rature open is he CA and off on ided a inses e he the ere ind or	Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001245				04/20/2023	
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTII SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, P.	N PIKE	IIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0101	Continued from page 2			Q 0101	established temperature and humidity parameters. The CA reviewed the policy 'Temperature & Humidity' at logs used to monitor the tem and humidity that list the ran currently used in procedure repre-op, PACU, and storage locations. The CA stressed the importance of the requirement checking the temperature and humidity daily in all clinical locations. The CA reinforced the action staff to take in the event the temperature or the humidity found out of range during the recordings. The CA confirmed by review temperature and humidity logarameters and the instruction actions to take if the reading out of range were stated on the for staff to reference. The act temperature and humidity at of the reading will be document.	nd the perature ages rooms, he nt of d as for were e daily v of the gs that on on s were he logs, tual the time	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001245		B. WING: _		04/20/2023	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		NAL CENTER 2	STREET ADDRESS, 4140 OREGO! EPHRATA, PA	N PIKE	IP CODE:		
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Q 0101	Continued from page 3			Q 0101	staff and coincide with the raper policy. If the temperature or humidiwithin range, the staff only root to document as such. If the readings were out of the established range, the staff winstructed to take a new readfollow up action, after the adjustment was made. This streading of the temperature of humidity is a method to confuse adjustment was successful unsuccessful the CA would inthe HVAC vendor in the result of the HVAC vendor in the result of the HVAC wendor in the result of the HV	ty were needed ne vas ling as a second refirm that ul or if involve olution. rature areas, the e being taken if defor the 2 staff is when	

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PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001245	:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/20/2023	
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(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0101	MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) Continued from page 4			Q 0101	out of range, actions were tal documented. As an additional method to validate staff commethe CA will notify the Direct Operations (DOO) immediated discovery. Our target for compliance were consistency of daily monitor documentation of temperature humidity in the pre-op, PAC storage locations is 100%. If not achieve 100% compliance audits will continue for subsequence were periods until compliance. Audits will begin on 5/10 Once compliance goal is metal audits will be incorporated in monthly infection control room. Documents will be kept on somade available will where the readily accessible by administration to state, feder accreditation agencies. Responsible Party & Reportion The CA is responsible for compliance with the content PoC.	all pliance, stor of stelly upon with the sing and tree and U, and Sive do see, the sequent sance is 15/2023. It, the stot the sunds. The stelly upon sith the sing and see and the sequent sance is 15/2023. It, the stot the sunds. The stelly upon sith the stelly upon seeds are seen seeds as a seed seed seed seeds as a seed seed	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:		
39C0001245			B. WING: _		04/20/2023			
MID-ATL	VIDER OR SUPPLIER: ANTIC GASTROINTESTI SE NUMBER: 21591501	NAL CENTER 2	STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
Q 0101	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 5			Q 0101	Compliance with this plan is to and reviewed by the QAP MEC Committees. Minutes of QAPI/MEC Committee will validation that the groups we informed, and the systematic changes addressed here were recommended to the GB for at the next scheduled meeting.	I and from the serve as a ere e approval		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001245		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/20/2023		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
Q 0101	Continued from page 6 Based on review of facility documents and interview (EMP), the facility failed to main minimum humidity and temperature requir according to facility policy. Findings include: On April 20, 2023, review of facility policy. "Temperature and Humidity Operating Room/Procedure Room" effective March 2 revealed, "Policy: The procedure room tem and humidity is documented on a daily bas Procedure: The Decontamination room per documents the procedure room temperature humidity on the log sheet daily The temper the procedure room ranges between 68° to The humidity ranges between 30% and 60° either the temperature or humidity fall outs ranges, the center director notifies the cont HVAC service." On April 20, 2023, review of the facility Temperature and Humidity logs revealed,		ements y 2023 aperature is. sonnel es and rature of 73°, %, if side these	Q 0101				

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PLAN OF CORRECTION (POC) IDEN		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001245		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/20/2023			
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX TAG CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE AP		OULD BE	(X5) COMPLETE DATE		
Q 0101	MUST BE PRECEEDED BY FULL REGULATORY O		it was s were , 2023, it nents il 3, ed esolve; llow-up acility was aments elow , it was s were 2023, it nents apperature	Q 0101					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 39C0001245		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/20/2023			
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(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE			
Q 0101	Continued from page 8 March 23, 2023, it was noted to be 66 degree documented comments were entered for follow-up or resolve; March 29, 2023, it was noted to degrees no documented comments were entered follow-up or resolve; March 31, 2023, it was to be 67 degrees no documented comments entered for follow-up or resolve. 3. Room 4 humidity level was below facility of 30% on March 30, 2023, it was noted to 16% no documented comments were entered follow-up or resolve; April 7, 2023, it was to be 21% no documented comments were entered follow-up or resolve; April 10, 2023, it was to be 24% no documented comments were entered for follow-up or resolve. During interview on April 20, 2023, EMP1 confirmed the humidity and temperatures we of range with no documentation of follow-up resolve in all dates noted.		llow-up be 61 tered for as noted s were ty policy be ed for noted to tered for s noted entered	Q 0101					

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PRINTED: 9/3/2023 FORM APPROVED 2567-L

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

PLAN OF CORRECTION (POC) IDENTIFICA		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001245		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00 B. WING: 04/20/2023		ΞY	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
Q 0101	Continued from page 9			Q 0101			

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Certified End Page

MID-ATLANTIC GASTROINTESTINAL CENTER 2

STATE LICENSE NUMBER: 21591501 SURVEY EXIT DATE: 04/20/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY